

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

10/529633

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7	1					
8		2				
9		2				
10		2				
11		2				
12	1					
13		2				
14		2				
15	1					
16		1				
17		1				
18		1				
19	1					
20		2				
21	1					
22		5				
23		6				
24		6				
25		6				
26		6				
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47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	24					
TOTAL CLAIMS	31					

PTO-875 (Rev. 11-83)

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

U.S. DEPARTMENT of COMMERCE